

# State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use Fee Paid 10 00 Date 2229

'96 FEB 22 A9:11

Section	1. APPI	<b>ICANT</b>	- PERSC	ON, ORGA	ANIZAT	rion, ol	R WAT	ER S	YSTEM	
Name R	RUCE	-ACHN	EY		3 H	Home Tel:(2	206)84	7:- 2	321	
Mailing Add	dress_731	2 38	35th.	St E.	V	Work Tel:(_		=10 -		
City Eat	onvill	Z. Si	tate Wa Z	Cip+4983	28+_	FAX:(	(206)8	47-	2321	
	2. CON a abov		PERSON	TO CAL	L ABO	UT THE	APPLI	[CAT]	ION	
Name					F	Home Tel:(_	)			
Mailing Address					Work Tel:(					
City		S1	tateZ	Zip + 4	+	FAX:(				
Relationship	to applican	t								
	3. STAT					0-8				
☐ cubic fee purpose(s) c	et per second	l) from a $\square$	surface wa	e than ater source or	□ 'groun	nd water sou	rce (check	only o	ne) for the H A "LEGAL"	
DESCRIPT	TION OF T	HE PLACE	TOTTOT	(0 . 1	10 1 37	OTTE 4	7	1	1 1 .	
<i>not sufficien</i> Estimate a r	<i>it.</i> naximum ar	nual quantit	v to be use	d in acre-feet	per vear:	4.8 A	cos-1	act.	a plat number is  per ACRE  otallo	
☐ Che	ck if the wa	ter use is pr	oposed for	a short-term	project. I	ndicate the p	period of 1	time tha	t the water will be	
need		/ /	to	//						
			DAVIDO OF STREET							
Section	4. WAT	ER SOU	RCE							
				I (						
If SURFACE WATER					If GROUNDWATER					
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:					A permit is desired for well(s).					
Number of	f diversions:	T unna	med SPR	W.C.						
	ws into (nar				Size & d	epth of well	(s):			
		.,	,							
RAPLOHN										
LOCATIO	NC									
nearest se		er: 1000		sces in feet f					rawal to the	
						County	If location of source is platted, complete			
¼ of	1/4 of	Section	Township	Range(E/W)	C		Lot	Block	elow: Subdivision	
	a Lot						Eot	Block	Subdivision	
11/	GOVT 4	\$5	TIGN	RUE	tier	ce	-			
NWYG	NWY		1001							
For Ecology		eceived: 2		<i>16</i> Prio		2/22	196			
	pt/Not Exempt	1	/_	61		ept. Of Health				
Date Accept	ed As Complet	e <u>0/4</u>	170	By <b>S</b>	Date Returne	od	Ву		_WRIA:	

ECY 040-1-14 Rev. 9/95 F

**APPLICATION** 

Appl. No.: (

Secti	on 5. GENERAL WATER SYSTEM INFORMATION
Α.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)  pump water for irrigation from hand dug well spring.  Well was dug at turn of century and is 6x6 x 20 deep.  Has continually been used for irrigation since its  Construction
C.	Do you already have any water rights or claims associated with this property or system?   YES  PROVIDE DOCUMENTATION.
Sect (Con	ion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION upleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: Type of connection
B.	Are you within the area of an approved water system?  (Homes, Apartment, Recreational, etc.)  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Comp	blete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved?  Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved?  Please attach the current approved version of your plan.
	ion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION nplete for all irrigation and agriculture uses.)
۸.	Total number of acres to be irrigated: 10
В.	Use Acres Use Acres Acres Acres Acres Acres Acres Acres Acres
C.	Total number of acres to be covered by this application: 10
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li> </ol>
E.	Farm uses:  Stockwater - Total # of animals Animal type (If dairy cattle, see below)  Dairy - # Milking # Non-milking

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES ☞-NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. from YELM, WA East to Mckenne, East on SR 702, cross & Hwy 7 to Eastonville Cut-off RD. Right on 83rd (dirt rd.). Follow to and (1/2 miles) White house /red barn.

#### Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

#### Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used?

  If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
- B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

FYES - NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Date

Landowner for place of use (if same as applicant, write "same")

Date

We are returning your application for the fol	lowing reason(s):				<del></del>	
Examination fee was not enclosed				APPLICANT PLI RETURN TO CA PO BOX 5128, L. 98509-5128	SHIER,	
Section number(s) incomplete		is/are		APPLICANT PLI RETURN TO TH APPROPRIATE I OFFICE	IE .	
Explanation:						
Please provide the additional information red	quested above and(date).	l return y	our appl	ication by		
cology staff		Date	<del>`</del>			

To receive this document in a pative format, contact Lisa Newman (360) 407-6604 (Voice) or

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).